



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

AGENT, BROKER OR SOLICITOR APPLICANTS

I hereby advise that

Print or type name of Principal, (Certificate of Compliance Holder)

whom I represent in Massachusetts under an **Agent, Broker or Solicitor's License, No.** _____ is offering for sale in Massachusetts the following brands and kinds of alcoholic beverages, and the name of the Massachusetts Wholesaler/Importer distributing each item. **(Please inform the Commission immediately of any additions.)**

BRANDS/KINDS

WHOLESALER/IMPORTER

List all Principals (Certificate of Compliance Holders) you presently represent in Massachusetts.

THE ABOVE STATEMENTS ARE MADE UNDER PENALTY OF PERJURY.

SIGNATURE AND TITLE

DATE